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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/037, 669
		Filing Date	01/03/2002
		First Named Inventor	Mark T. Feuerstraeter
		Art Unit	2419
		Examiner Name	Steven H. D. Nguyen
Total Number of Pages in This Submission	12	Attorney Docket Number	P11856

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard; Revocation and Power of Attorney (1 pg.) ; Request for Continued Examination (1 pg.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b>  Applicant includes authorization to charge Deposit Account 50-0221 in the amount of \$810 for RCE and \$490 for two month extension of time. If necessary, please also charge any additional fees or credit overpayment to Deposit Account No. 50-0221.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name			
Signature	/Robert A. Greenberg/		
Printed name	Robert A. Greenberg		
Date	November 24, 2008	Reg. No.	44,133

**CERTIFICATE OF TRANSMISSION/MAILING**

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